

Hanford Employee Welfare Trust (HEWT) Sponsored Health Plans Eligibility Criteria for Retirees/Dependents under age 65.

Your eligibility is determined at the time of your retirement.

Dependents: Your eligible dependents include your *legal spouse/domestic partner*, as recognized by Washington State law; and your *unmarried children*, under age 23 if you have United Healthcare (UHC) and under age 25 if you have Group Health (GH). In addition, for eligible unmarried children you must provide over 50 percent of their support and maintenance, and they must not be in the active military service, employed full-time, or eligible for any other group health benefits through their employer. Eligible *children* are: natural children; legally adopted children; stepchildren who reside in your home; and other children where the retiree or spouse/domestic partner has legal guardianship, custody, or conservatorship evidenced by a court order.

Eligible dependent children may continue after limiting age of 23 (UHC) or 25 (GH) (depending on the plan) if they have been verified as disabled prior to limiting age.

- A disabled child is not able to be self supporting due to disability and is principally dependent on the retiree for support. Proof of the child's condition and dependence is submitted prior to the date coverage would otherwise have ended and the HEWT may require that the child be examined by a physician chosen by the HEWT at their cost. You may be required to continue to provide proof that the child meets the conditions of incapacity and dependency. If proof is not provided within 30 days of request, coverage for the child may end.

It is the sole responsibility of the retiree to verify current dependent eligibility annually at Open Enrollment. Any change in eligibility status must be reported immediately and periodic verification may be required. Failure to provide verification will result in immediate termination of child's coverage retroactive to latest date verified; the retiree may be held responsible for any paid services for the ineligible dependent; and there may not be a refund of premiums.

Other Eligibility Rules: No person can be covered more than once in a HEWT medical plan. For example, an individual cannot enroll as an employee, retiree, or COBRA participant, and also be covered as a dependent of another employee, retiree, or COBRA participant. No person can be covered as a dependent child of more than one HEWT participant.

Disqualification for Benefits: Your eligibility to participate in the Plan will end in accordance with the terms of the applicable *Summary Plan Description*; when the Plan is discontinued or terminated; when you fail to make any required contribution; for an enrolled dependent, when he or she no longer meets the requirements to remain an eligible dependent; or as a result of material misrepresentation, fraud, or omission of information in order to obtain coverage for a participant or others.

Continued health coverage may be available under provisions of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) to covered dependents and spouses who lose group coverage for reasons including death of the retiree, loss of eligibility by a dependent child, or divorce. In the case of divorce or loss of dependent eligibility, COBRA may continue up to 36 months as long as he/she remains eligible and pays the required premium. However, to be eligible for COBRA coverage the retiree or qualified beneficiary that is losing coverage must notify the HEWT Plan Administrator within 60 days of the divorce, or dependent's loss of eligibility as an enrolled dependent.

The above reflects rules for eligibility for HEWT health plans that are currently in effect. Eligibility rules comply with the provisions of the Health Insurance Portability and Accountability Act. Plan coverage provisions, contribution rates and eligibility requirements are subject to change. These eligibility provisions may be different from the certificate of coverage. In those cases, the above rules apply.